



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

**2013 Bodywork Establishment Permit Application**

Annual Fee: \$100.00

**1. Please provide the following information:**

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_

Website: \_\_\_\_\_

Hours of Operation: M: \_\_\_\_\_ T: \_\_\_\_\_ W: \_\_\_\_\_ Th: \_\_\_\_\_ F: \_\_\_\_\_ Sa: \_\_\_\_\_ Su: \_\_\_\_\_

**2. Please provide the following information on the establishment operator:**

Operator Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_

**3. Please list all *permitted therapists* that will practice at your establishment:**

\_\_\_\_\_  
\_\_\_\_\_

**4. Please answer the following questions:**

- Who will be the person(s) in charge?  
\_\_\_\_\_
- Is the establishment known by any other names for advertising purposes?  
Yes ☐ No ☐ If Yes: \_\_\_\_\_
- Does the establishment contain a waiting area for clients?  
Yes ☐ No ☐
- Does the establishment have a hand-washing sink immediately available?  
Yes ☐ No ☐
- Have you (the applicant) ever had a revocation, restriction or denial of a permit or license to practice bodywork issued by any state or municipality?  
Yes ☐ No ☐

**5. Please submit the following items with this application:**

- a. Non-refundable application fee (made payable to the Town of Arlington) of \$100.00.
- b. Copies of the permits to practice bodywork of all therapists performing bodywork at the establishment. To obtain a permit, an establishment shall have at least one (1) duly permitted body worker employed at all times.
  - The applicant is responsible for ensuring all persons performing bodywork in his/her establishment are permitted by the Department.
- c. Written sanitation plan for bodywork tables

**6. Authorization:**

I have read and agree to abide by the Arlington Regulations Governing the Practice of Bodywork (effective November 1<sup>st</sup>, 2013).

I authorize the Town of Arlington, its agents and employees, to seek information and to conduct an investigation into the truth of the statements set forth in this application. I certify that I have not misrepresented myself and I certify that I shall not misrepresent myself to the public.

I understand that establishments and therapists are subject to inspections by the Department or its authorized agent(s) during all times of operation. I understand that failure to abide by these Regulations may result in revocation of my permit to operate a Bodywork Establishment.

Questions? Please contact the Arlington Board of Health at 781-316-3170

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notarized:**